

MAY 19 2009

Applicant Initiated Interview Request Form

Application No.: 10/648,776

First Named Applicant: Angelo Bosco

Examiner: Mia M. Thomas

Art Unit: 2624

Status of Application: Final Office Action

Tentative Participants:

(1) Thomas Satagaj

(2) Examiner Thomas

(3)

(4)

Proposed Date of Interview: Friday, May 27,
2009

Proposed Time: 1:00 PM EDT

Type of Interview Requested:

(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rejection	1-16	Bruls, Bagni, Kalevo, Heimbürger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Argument to be Presented:

The cited references do not appear to filter a pixel in subsequent image, select adjacent pixels, and digitally filter adjacent pixels in a second image and the corresponding pixels from a first image.

An interview was conducted on the above-identified application on _____.

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.33(b)) as soon as possible:

/Thomas J. Satagaj/

Applicant/Applicant's Representative Signature

(Examiner/SPE Signature)

Thomas J. Satagaj

Typed/Printed Name of Applicant or Representative

62,391

Registration Number, if applicable

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. PTOL413A.doc